



Alternative Verification Form English Language Proficiency Requirements

Departments initiate alternative verification requests.

Date: _____

Student Name: _____

Student UIN: _____

Department Head Name (Print): _____

Department Head Signature: _____

OPTION ONE: I certify that the international student listed above holds a master's degree from an accredited institution located in the U.S., and therefore qualifies for alternative verification.

OPTION TWO: Other Alternative Verification Requests

All other requests for alternative verification require strong department justification and review in compliance with Office of Graduate and Professional Studies policies and guidelines. The student should provide the department with documentation to support the alternative verification request. Departments should provide a brief justification below for the alternative verification request. Attach all supporting documentation to this form.